

RECEIPT #8
Atty. Dkt. No. 034827-0201

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: SAMOSZUK et al.
Title: DETECTION OF CLONAL T-CELL
RECEPTOR-y GENE
REARRANGEMENT BY
PCR/TEMPORAL TEMPERATURE
GRADIENT GEL
ELECTROPHORESIS (TTGE)
Appl. No.: 09/886,227
Filing Date: 06/21/2001
Examiner: Unassigned
Art Unit: 1651

CERTIFICATE OF MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below.
DIANE GARCIA
(Printed Name)
Diane Garcia
(Signature)
12-11-01
(Date of Deposit)

REQUEST FOR CORRECTED FILING RECEIPT

Commissioner for Patents
Washington, D.C. 20231

Attn: Appl. Processing Division, Customer Correction Branch

Sir:

Attached is a copy of the official Filing Receipt received from the PTO in the above-referenced application. Please make the following corrections:

Please change "Samoszuc" to - Samoszuk--

Please delete "Mission Viejo" and substitute -Irvine--

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Issuance of a corrected Filing Receipt is respectfully requested.

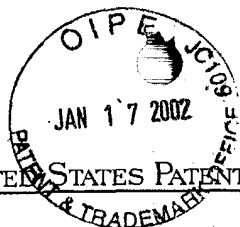
Respectfully submitted,

Date December 11, 2001

By Michael A. Whittaker

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/886,227	06/21/2001	1651	0.00	034827-0201	4	21	3

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CONFIRMATION NO. 5866

FILING RECEIPT



OC00000006295026

Date Mailed: 07/13/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

✓ K
Michael Samoszuc, Rancho Santa Margarita, CA;
✓ Dan Zhu, Mission Viego, CA;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 07/12/2001

Projected Publication Date: Request for Non-Publication Acknowledged

Non-Publication Request: Yes

Early Publication Request: No

Title

Detection of clonal T-cell receptor-y gene rearrangement by PCR/temporal temperature gradient gel electrophoresis (TTGE)

Preliminary Class

435

h MDC
JUL 16 2001
034827/0201

Data entry by : NEGASH, GHIDEI

Team : OIPE

Date: 07/13/2001

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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

CONFIRMATION NO. 5866

SERIAL NUMBER 09/886,227	FILING DATE 06/21/2001 RULE	CLASS 435	GROUP ART UNIT 1651	ATTORNEY DOCKET NO. 034827-0201
APPLICANTS Michael Samoszuk, Rancho Santa Margarita, CA; Dan Zhu, Irvine, CA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/12/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 21
INDEPENDENT CLAIMS 3				
ADDRESS 23620				
TITLE Detection of clonal T-cell receptor-y gene rearrangement by PCR/temporal temperature gradient gel electrophoresis (TTGE)				
FILING FEE RECEIVED 0.00	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	